



EV 123140879 US

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Mailing Label

Label 11-F October 2001



UNITED STATES POSTAL SERVICE

Post Office To Addressee

ORIGIN (POSTAL USE ONLY)			DELIVERY (POSTAL USE ONLY)		
PD ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>	Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Date In	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage	Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Return Receipt Fee	Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Time In	Military		Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day		Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Weight	Int'l Alpha Country Code	COD Fee Insurance Fee	<input type="checkbox"/> <b>WAVES OF SIGNATURE</b> (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		
lbs. ozs.	Acceptance Clerk Initials	Total Postage & Fees	<b>NO DELIVERY</b> <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday <input type="checkbox"/> Customer Signature		
<input type="checkbox"/> No Delivery					
<input type="checkbox"/> Weekend <input type="checkbox"/> Holiday					
<b>CUSTOMER USE ONLY</b> METHOD OF PAYMENT: Express Mail Corporate Acct. No. <b>X770738</b>			Federal Agency Acct. No. or Postal Service Acct. No.		
<b>FROM: (PLEASE PRINT)</b> PHONE <b>713 977 7000</b> <b>ROBERT W STROZIER PLLC</b> <b>2925 BRIARPARK DR STE 930</b> <b>HOUSTON TX 77042-3728</b> <b>96605/13UTL</b>			<b>TO: (PLEASE PRINT)</b> PHONE ( ) <b>ASSISTANT COMMISSIONER</b> <b>OF PATENTS</b> <b>WASHINGTON DC 20231-9999</b> <b>Box SEQ. Listing</b>		
PRESS HARD. You are making 3 copies. <b>FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com</b>					

THE STAMP OF THE US PATENT OFFICE PLACED HEREON,  
ACKNOWLEDGES RECEIPT OF:

APPLICANTS: WILLSON, ET. AL.

FOR: NUCLEIC ACID SEPARATION USING IMMOBILIZED METAL  
AFFINITY CHROMATOGRAPHY  
SERIAL NUMBER: 09/994710 DOCKET: 96605/13UTL

DATE DUE:

DATE MAILED: DECEMBER 12, 2002

- ☒ EXPRESS MAILING EMN:EV 123140879 US
- ☒ RESPONSE TO NOTICE TO COMPLY WITH SEQUENCE RULES
- ☒ COPY OF NOTICE
- ☒ SEQUENCE LISTING
- ☒ CRF SEQUENCE LISTING
- ☒ STATEMENT OF IDENTITY
- ☒ POSTCARD.



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Label 11-F October 2001



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UNITED STATES POSTAL SERVICE®

Post Office To Addressee

19

ORIGIN (POSTAL USE ONLY)				DELIVERY (POSTAL USE ONLY)			
PO ZIP Code 77201	Day of Delivery <input checked="" type="checkbox"/> First <input type="checkbox"/> Second	Flat Rate, Envelope		Delivery Attempt	Time	Employee Signature	
Date In Mo. 12 Day 16 Year	<input checked="" type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$ 13.60		Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Time In <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee		Delivery Attempt	Time	Employee Signature	
Weight lbs. 3 ozs.	Int'l Alpha Country Code	COD Fee	Insurance Fee	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials S	Total Postage & Fees \$ 13.60		<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. (With delivery to be made without obtaining signature of addressee or addressee's agent, if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.			
CUSTOMER USE ONLY				NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday			
METHOD OF PAYMENT: Express Mail Corporate Acct. No. X770738				Federal Agency Acct. No. or Postal Service Acct. No.			
FROM: (PLEASE PRINT) ROBERT W STROZIER PLLC 2925 BRIARPARK DR STE 930 HOUSTON TX 77042-3728				TO: (PLEASE PRINT) ASSISTANT COMMISSIONER OF PATENT & TRADEMARKS WASHINGTON DC 20231-9999			
96605/13UTL				Box SEQ. Listing TS 13032			
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SERIAL NUMBER: 09/994710

DOCKET: 96605/13UTL

DATE DUE:

DATE MAILED: DECEMBER 12, 2002

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